DOCUMENT RESUME

ED 322 444 CG 022 716

AUTHOR Walker, Lynn S.; Van Slyke, Deborah A.
TITLE Illness Behavior and Social Competence in Adolescents.
PUB DATE Mar 90
NOTE 6p.; Poster presented at the Biennial Meeting of the Society for Research on Adolescence (3rd, Atlanta, GA, March 22-25, 1990).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adolescents; *Diseases; High Schools; High School Students; *Interpersonal Competence; *Mothers; *Self Evaluation (Individuals); *Sex Differences

ABSTRACT

This study examined the relationship of illness behavior to perceived competence and gender in adolescents. It was hypothesized that, like adults, adolescents with lower levels of perceived social competence would report more illness behavior. A significant gender difference was expected such that girls would report more illness behavior than boys. A secondary purpose was to develop an adolescent version of the Illness Behavior Inventory and to obtain data on its psychometric properties. High school students (N=76) and their mothers (N=25) completed the Perceived Competence Scale for Children-Adolescent Form, the Adolescent Illness Behavior Inventory, the Self-medication Index, the Child Symptom Checklist--Child Report, and an assessment of school absence. The results revealed that adolescent girls reported more social illness behavior than boys, e.g., they reported that they were more likely to talk about their illness and to behave in ways that let others know they were ill. Boys with low perceived competence were significantly more likely than those with high perceived competence to report illness behavior in social situations. For adolescent girls, in contrast, the data suggest that social illness behavior is not incompatible with high levels of perceived competence. Boys and girls were equally likely to reduce schoolwork and chores when sick. The data provide preliminary support for the reliability and validity of the adolescent version of the Illness Behavior Inventory. (NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED322444

Illness Behavior and Social Competence in Adolescents

Lynn S. Walker

Deborah A. Van Slyke

CG 022716

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☑ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Lynn S. Walker

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

BEST COPY AVAILABLE

Illness Behavior and Social Competence in Adolescents

Poster presented at the Society for Research in Adolescence, Atlanta, Georgia, March, 1990

Lynn S. Walker and Deborah A. Van Slyke
Division of Adolescent Medicine
436 Medical Center South
Vanderbilt University School of Medicine
Nashville, Tennessee 37232-3571

Illness behavior, defined as "the way in which symptoms are perceived, evaluated, and acted upon by a person who recognizes some pain, discomfort, or other signs of organic malfunction" (Mechanic & Volkart, 1961), can be conceptualized on a continuum ranging from minimization to amplification (Barsky, 1979). A minimizing response is characterized by delay in reporting symptoms and failure to alter one's activities in the face of illness. An amplifying response, in contrast, is exemplified by exaggerated disability and preoccupation with symptoms. Although learning appropriate illness behavior is an important developmental task (cf. Campbell, 1978; Parmelee, 1986), the research on children's illness behavior is limited.

In adults, excessive illness behavior has been linked to lack of social competence (Cole & Lejeune, 1972; Wooley, Blackwell, & Winget, 1987). That is, individuals who perceive themselves as failing in the fulfillment of their social roles have been observed to define themselves as being sick more frequently than individuals who perceive themselves as successful. This relationship between illness behavior and perceived competence has been observed even when efforts were made to control for potentially influential factors such as age and number of illnesses in the preceding year (Cole & Lejeune, 1972). Thus, it appears that adults may use illness as a way to justify their perceived inadequacy in fulfilling social roles.

In addition to being associated with lack of social competence, illness behavior varies as a function of gender in adults. Women generally report more somatic symptoms, medical visits and illness-related workplace absenteeism than men. In contrast, the limited data available on child populations suggest that there are no gender differences in illness behavior in young children (Stephenson, 1983). By adolescence, however, there is some indication that girls more readily discuss their somatic complaints and more frequently utilize school health services than boys. Additionally, adolescent girls have been observed to adopt the "sick role" more readily than boys (Campbell, 1978).

The present study examined the relationship of illness behavior to perceived competence and gender in adolescents. It was hypothesized that, like adults, adolescents with lower levels of perceived social competence would report more illness behavior. A significant gender difference was expected such that girls would report more illness behavior than boys. A secondary purpose of the study was to develop an adolescent version of the Illness Behavior Inventory (Turkat & Pettegrew, 1983) and to obtain data on its psychometric properties.

Method

Sample

76 high school students (43 girls, 39 boys) ages 14 to 19
25 mothers of these students

Procedure

Adolescents completed the questionnaires in their classrooms. They also delivered questionnaires to their mothers who completed these at home.

Measures

The Perceived Competence Scale for Children, Adolescent Form (Harter, 1985) is a 51-item self-report instrument assessing global self-esteem and perceptions of competence in several domains. Each item is a description of two kinds of children (e.g., "Some kids are happy with their height and weight, but other kids wish their height or weight were different"). Respondents first indicate which kind of children are most like them; then they indicate whether this is "really true" or "sort of true" for them. A total score is obtained by summing responses to all items.

The Adolescent Illness Behavior Inventory is a modification of the Illness Behavior Inventory (Turkat & Pettegrew, 1983) developed for use in the present study. It is a 20-item instrument assessing the extent to which an individual engages in behaviors that "indicate that he or she is physically ill or in physical discomfort." Each item consists of a statement about an illness behavior. The response format is a 6-point Likert scale. Item wording was changed to create an instrument appropriate for an adolescent population (see Table 1). Two scores were generated for each subject: (a) Work-related Illness Behavior -- the sum of the 9 items referring to schoolwork or chores, and (b) Social Illness Behavior -- the sum of the 11 items referring to illness behavior in social situations.

The Self-medication Index asks adolescents to indicate how often in the last 2 weeks they self-administered 11 different types of medications (e.g., pain relievers, cold tablets). The response format is a 6-point Likert scale ranging from "Never" (0) to "Every Day" (5). The total medication score was computed by summing the frequency for each medication.

School absence was assessed by asking both adolescents and their mothers to report how many days of school they had missed due to illness during the current school year.

The Child Symptom Checklist -- Child Report is a list of 46 somatic symptoms. There are child-report and mother-report versions of the instrument. Respondents indicate how often the adolescent was bothered by each symptom in the last 2 weeks on a 5-point Likert scale ranging from "not at all" to "a whole lot." For the purposes of the present analyses, a total symptom score was calculated to reflect the number of symptoms endorsed, regardless of intensity.

Results

Psychometric Properties of the Adolescent Illness Behavior Inventory

A. Internal Consistency (alpha)

Work-Related Illness Behavior	.84
Social Illness Behavior	.78

B. Pearson Correlation between Work-related and Social Illness Behavior subscales

$r = .45$

C. Pearson Correlation of Work-related and Social Illness Behavior subscales with other measures of Illness Behavior

	Illness Behavior Subscales	
	Work	Social
Child Report		
Self-medication	.09	.26**
School absence	.36***	.14
Somatic symptoms	.09	.16t
Mother Report		
School absence	.45**	.16
Child somatic symptoms	.56**	.44**

Gender X Age Group (14-16 vs. 17-19) ANOVAS

Gender had a significant effect on Social Illness Behavior, $F(1,75) = 6.29$, $p<.01$, with girls reporting more illness behavior than boys (Ms = 28.24 and 23.63, respectively).

Age group had a significant effect on Work-related Illness Behavior, $F(1,75) = 5.28$, $p<.02$ with younger adolescents reporting less illness behavior than older adolescents (Ms = 29.47 and 33.69, respectively).

Relation of Perceived Competence and Gender to Illness Behavior

Multiple regression analyses were conducted to examine the influence of perceived competence and gender on work-related and social illness behavior. Because we expected that the relation of competence to illness behavior might vary for boys and girls, the interaction of gender and perceived competence was entered as an additional predictor in the regression equations.

The regression equation predicting Social Illness Behavior was significant, $F(3,72) = 4.41$, $p<.01$, $R2 = .16$. Significant regression coefficients were obtained for perceived competence and for the interaction of perceived competence and gender. For girls, illness behavior did not vary by level of perceived competence. For boys, in contrast, those with low perceived competence were significantly more likely than those with high perceived competence to report social illness behavior (see Figure 1).

The regression equation for Work-related Illness Behavior was not significant, indicating that neither gender nor perceived competence were good predictors of this type of illness behavior.

Discussion

Results of the study provide evidence that the trend for women to exhibit more illness behavior than men may begin in adolescence. Adolescent girls reported more social illness behavior than boys, e.g., they reported that they were more likely to talk about their illness and to behave in ways that let others know that they were ill. This is consistent with gender differences observed in adults, i.e., women are more likely than men to communicate feelings of distress (Strickland, 1988).

Gender was also important in understanding the relation between perceived competence and social illness behavior in adolescents. Boys with low perceived competence were significantly more likely than those with high perceived competence to report illness behavior in social situations. It is possible that boys who perceive themselves as lacking competence use illness as an excuse for their poor performance. It appears that these boys are more likely than others to talk about their illness and to adopt the sick role in public. For adolescent girls, in contrast, the data suggest that social illness behavior is not incompatible with high levels of perceived competence. These findings are consistent with our culture's socialization of greater stoicism in boys than in girls (cf. Block, 1973; Campbell, 1978).

The lack of significant gender differences in work-related illness behavior was unexpected. Boys and girls were equally likely to reduce schoolwork and chores when sick. This finding is consistent with results of related work in which we found no gender differences in the level of functional disability in pediatric abdominal pain patients (Walker & Greene, 1989). Among adults, in contrast, there is evidence that women tend to take more time off from work in response to illness (Verbrugge, 1985). It may be that parents and teachers control the extent to which adolescents restrict their activities when ill, with the result that gender differences do not emerge until the adolescents leave home.

A secondary purpose of the study was to develop an adolescent version of the Illness Behavior Inventory. The data provide preliminary support for the reliability and validity of the new instrument.

References

Barsky, A. J. (1979). Patients who amplify body sensations. Annals of Internal Medicine, 91, 63-70.

Block, J. H. (1973). Conceptions of sex role: Some cross-cultural and longitudinal perspectives. American Psychologist, 28, 512-526.

Campbell, J. (1978). The child in the sick role: Contributions of age, sex, parental status and parental values. Journal of Health and Social Behavior, 19, 35-51.

Cole, S., & Lejeune, R. (1972). Illness and the legitimation of failure. American Sociological Review, 37, 347-356.

Harter, S. (1985). Manual for the Self-Perception Profile for Children. Denver: University of Denver.

Mechanic, D., & Volkart, E. H. (1961). Stress, illness behavior, and the sick role. American Sociological Review, 63, 955-961.

Parmelee, A. H. (1986). Children's illnesses: Their beneficial effects on behavioral development. Child Development, 57, 1-10.

Stephenson, C. (1983). Visits by elementary school children to the school nurse. Journal of School Health, 53, 394-599.

Strickland, B. (1988). Sex-related differences in health and illness. Psychology of Women Quarterly, 12, 381-399.

Turkat, I. D., & Pettegrew, L. S. (1983). Development and validation of the Illness Behavior Inventory. Journal of Behavioral Assessment, 5, 35-47.

Verbrugge, L. M. (1985). Gender and health: An update on hypotheses and evidence. Journal of Health and Social Behavior, 36, 156-182.

Walker, L. S., & Greene, J. W. (1989). The Functional Disability Inventory: Measuring a neglected dimension of child health status. (Manuscript under review.)

Wooley, S. C., Blackwell, B., & Winget, C. (1978). The learning theory model of chronic illness behavior: Theory, treatment, and research. Psychosomatic Medicine, 40, 379-401.

Figure 1